

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10540384

FILING DATE

1-04-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6	1		1			
7						
8						
9		3				
10		3				
11	1		1			
12		1				
13		2				
14	1		1			
15		1				
16		1				
17						
18		2				
19	1		1			
20		1				
21		3				
22		3				
23		3				
24		3				
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48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		26	←		←
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						